



C A L I F O R N I A D E P A R T M E N T O F

Mental Health

Division of Program Compliance – Audits Branch
11401 S. Bloomfield Avenue, Unit 203, 2nd Floor
Norwalk, CA 90650
(562) 406-3929, FAX (562) 406-3951

May 9, 2008

Mark A. Refowitz, Director
Orange County Behavioral Health Services
405 W. 5th Street, 7th Floor
Santa Ana, CA 92701

Dear Mr. Refowitz:

REVISED AUDIT REPORT – ORANGE COUNTY BEHAVIORAL HEALTH SERVICES

We have examined the Short-Doyle/Medi-Cal Cost Reporting and Data Collection (CR/DC) report of Orange County Behavioral Health Services for the fiscal period July 1, 2002 to June 30, 2003. Our examination was made in accordance with Section 14170 of the Welfare and Institutions Code and included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the amount shown in the accompanying Summary of Net Federal Share of Federal Short-Doyle/Medi-Cal Program Costs and State General Fund under EPSDT program (Schedule 1) represents the actual net program costs allowable under the above mentioned statutes.


The effect of this revised allowable program costs is as follows:

NET PROGRAM COSTS				
	<u>Settled</u>		<u>Allowed</u>	<u>Adjustment</u>
Federal Share of Short-Doyle/Medi-Cal	\$ 33,334,996	\$	33,191,432	\$ (143,534)
Federal Share of Health Families/Medi-Cal	\$ 0	\$	0	\$ 0
State General Funds EPSDT Due State	\$ 16,287,408	\$	16,236,996	\$ (50,412)

If you disagree with any of the results of this audit, you may request an informal appeal conference.

This request must be in writing and received by the Department of Health Care Services within sixty (60) calendar days following the date of receipt of this report. Your notice of disagreement should be directed to Vicki Orlich, Chief, Administrative Appeals, Office of Legal Services, Department of Health Care Services, 1029 J Street, Suite 200, Sacramento, California 95814, and be in conformance with provisions of Sections 51016 and sequence, Title 22, of the California Code of Regulations.

Sincerely,

for 

WALTER J. HILL, JR., MBA, EA
Chief of Audits



RAQUEL E. RIOS
Supervisor, Southern Region Audits

Enclosures

Certified Mail

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SCHEDULE 1

ORANGE COUNTY
COMMUNITY MENTAL HEALTH SERVICES
SUMMARY OF NET REIMBURSABLE MEDI-CAL PROGRAM COSTS
FISCAL YEAR ENDED JUNE 30, 2003

		As Settled	Audit Adjustments	As Audited
<u>NET REIMBURSABLE MEDI-CAL</u>				
<u>PROGRAM COSTS</u>				
<u>COUNTY PROVIDERS</u>				
MEDI-CAL - FFP	(Sch. 2a)	\$ 13,952,292	\$ (48,952)	\$ 13,903,340
HEALTHY FAMILIES - FFP	(Sch. 2a)	0	0	0
TOTAL FFP - COUNTY PROVIDERS		\$ 13,952,292	\$ (48,952)	\$ 13,903,340
<u>CONTRACT PROVIDERS</u>				
MEDI-CAL - FFP	(Sch. 3b)	\$ 19,382,674	\$ (94,582)	\$ 19,288,092
HEALTHY FAMILIES - FFP	(Sch. 3b)	0	0	0
TOTAL FFP - CONTRACT PROVIDERS		\$ 19,382,674	\$ (94,582)	\$ 19,288,092
<u>TOTAL FFP - COUNTY PLUS CONTRACT PROVIDERS</u>				
MEDI-CAL - FFP		\$ 33,334,966	\$ (143,534)	\$ 33,191,432
HEALTHY FAMILIES - FFP		0	0	0
TOTAL FFP - COUNTY PLUS CONTRACT PROVIDERS		\$ 33,334,966	\$ (143,534)	\$ 33,191,432
<u>SUMMARY OF STATE GENERAL FUNDS</u>				
EPSDT - SGF	(Sch. 4)	\$ 16,287,408	\$ (50,412)	\$ 16,236,996

SCHEDULE 2

**ORANGE COUNTY
COMMUNITY MENTAL HEALTH SERVICES
SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE
FISCAL YEAR ENDED JUNE 30, 2003**

COUNTY OPERATED FEDERAL

		As Settled	Audit Adjustments	As Audited
<u>Total Medi-Cal Gross Reimbursement</u>				
1. Inpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	\$ 0	\$ 0	\$ 0
2. Outpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	17,314,036	(11,978)	17,302,058
3. Enhanced SD/MC (Children) - I/P	(MH1968, Ln 16, 16A)	0	0	0
4. Enhanced SD/MC (Children) - O/P	(MH1968, Ln 16, 16A)	0	0	0
5. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 22)	0	0	0
6. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 22)	0	521	521
7. Healthy Families Gross Reimbursement-I/P	(MH1968, Ln 27, 27A)	0	0	0
8. Healthy Families Gross Reimbursement-O/P	(MH1968, Ln 27, 27A)	0	0	0
9. Total		<u>\$ 17,314,036</u>	<u>\$ (11,457)</u>	<u>\$ 17,302,579</u>

Less: Patient & Other Payor Revenues

10. Inpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	\$ 0	\$ 0	\$ 0
11. Outpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	34,838	0	34,838
12. Enhanced SD/MC (Children)-I/P	(MH 1968, Ln 29)	0	0	0
13. Enhanced SD/MC (Children)-O/P	(MH 1968, Ln 29)	0	0	0
14. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 30)	0	0	0
15. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 30)	0	0	0
16. Healthy Families Patient Revenue-I/P	(MH 1968, Ln 31)	0	0	0
17. Healthy Families Patient Revenue-O/P	(MH 1968, Ln 31)	0	0	0
18. Total		<u>\$ 34,838</u>	<u>\$ 0</u>	<u>\$ 34,838</u>

Medi-Cal Net Reimbursement for Direct Services

19. Inpatient SD/MC (Incl Children Enhanced)	(Ln 1,3 - Ln 10,12)	\$ 0	\$ 0	\$ 0
20. Outpatient SD/MC (Incl Children Enhanced)	(Ln 2,4 - Ln 11,13)	17,279,198	(11,978)	17,267,220
21. Enhanced SD/MC (Refugees)-I/P	(Ln 5 - Ln 14)	0	0	0
22. Enhanced SD/MC (Refugees)-O/P	(Ln 6 - Ln 15)	0	521	521
23. Healthy Families-I/P	(Ln 7 - Ln 16)	0	0	0
24. Healthy Families-O/P	(Ln 8 - Ln 17)	0	0	0
25. Total		<u>\$ 17,279,198</u>	<u>\$ (11,457)</u>	<u>\$ 17,267,741</u>

Medi-Cal MAA Reimbursement

26. Service Functions 01-09	(MH1979, Ln 11, Col. A)	\$ 683,475	\$ 0	\$ 683,475
27. Service Functions 11-19, 31-39	(MH1979, Ln 12, Col. A)	361,459	27	361,486
28. Service Functions 21-19	(MH1979, Ln 13, Col. A)	147,056	10	147,066
29. Total		<u>\$ 1,191,990</u>	<u>\$ 37</u>	<u>\$ 1,192,027</u>

**ORANGE COUNTY
COMMUNITY MENTAL HEALTH SERVICES
SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE
FISCAL YEAR ENDED JUNE 30, 2003**

COUNTY OPERATED FEDERAL

		As Settled	Audit Adjustments	As Audited
Amount Negotiated Rates Exceed Cost				
30. Inpatient SD/MC (Incl Children Enhanc)	(MH 1968, Ln 38, 38A)	\$ 0	\$ 0	\$ 0
31. Outpatient SD/MC (Incl Children Enhanc)	(MH 1968, Ln 38, 38A)	0	0	0
32. Enhanced SD/MC (Refugees)-I/P	(MH1968, Ln 39)	0	0	0
33. Enhanced SD/MC (Refugees)-O/P	(MH1968, Ln 39)	0	0	0
34. Healthy Families-I/P	(MH 1968, Ln 40, 40A)	0	0	0
35. Healthy Families-O/P	(MH 1968, Ln 40, 40A)	0	0	0
36. Total		<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>

Medi-Cal Administrative Reimbursement

37. Administrative Reimbursement Limit	(MH 1979, Ln 4)	\$ 9,382,826	\$ (1,718)	\$ 9,381,108
38. Medi-Cal Administration	(MH 1979, Ln 5)	\$ 8,854,622	\$ (87,198)	\$ 8,767,424
39. Medi-Cal Reimbursement	(Lower of Ln 37, Ln 38)	<u>\$ 8,854,622</u>	<u>\$ (87,198)</u>	<u>\$ 8,767,424</u>

Healthy Families Administrative Reimbursement

40. Healthy Families Administrative Reimbursement Limit	(MH1979, Ln 8)	\$ 0	\$ 0	\$ 0
41. Healthy Families Administration	(MH1979, Ln 9)	\$ 0	\$ 0	\$ 0
42. Healthy Families Administrative Reimbursement	(Lower of Ln 40, Ln 41)	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>

Utilization Review Reimbursement

43. Skilled Professional	(MH1979, Ln 14, Col. D)	\$ 0	\$ 0	\$ 0
44. Other Medi-Cal U.R.	(MH1979, Ln 15, Col. D)	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>

Net SD/MC Reimbursement - FFP

45. Direct Services	(MH1979, Ln 16,16A)	\$ 8,892,221	\$ (5,894)	\$ 8,886,327
46. Enhanced (Children)	(MH1979, Ln 17,17A)	0	0	0
47. Enhanced (Refugees)	(MH1979, Ln 18)	0	521	521
48. MAA	(MH 1979, Ln 11, 12 & 13)	632,760	20	632,780
49. Administrative Reimbursement	(MH1979, Ln 6)	4,427,311	(43,599)	4,383,712
50. U.R. Skilled Professional	(MH1979, Ln 14)	0	0	0
51. U.R. Other	(MH1979, Ln 15)	0	0	0
52. Negotiated Rate-Payback	(MH1979, Ln 20)	0	0	0
53. Subtotal- FFP		<u>\$ 13,952,292</u>	<u>\$ (48,952)</u>	<u>\$ 13,903,340</u>

54. Contract Limitation Adjustment	(MH 1979, Ln 22)	\$ 0	\$ 0	\$ 0
55. Quality Assurance Review Results	(Adj #)	0	0	0

56. Total SD/MC Reimbursement - FFP		<u>\$ 13,952,292</u>	<u>\$ (48,952)</u>	<u>\$ 13,903,340</u>
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Net Healthy Families Reimbursement - FFP

57. Healthy Families Net Reimbursement	(MH1979, Ln 24,24A)	\$ 0	\$ 0	\$ 0
58. Negotiated Rate Exceed Costs	(MH1979, Ln 26)	0	0	0
59. Administrative Reimbursement	(MH1979, Ln 10)	0	0	0
60. Total Healthy Families Reimbursement - FFP		<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>

61. Total - FFP (Ln 56 + Ln 60)		<u>\$ 13,952,292</u>	<u>\$ (48,952)</u>	<u>\$ 13,903,340</u>
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(To Sch. 1)

ORANGE COUNTY
SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST
FISCAL PERIOD ENDED JUNE 30, 2003

Legal Entity Number	Legal Entity	(1) Regular M/Cal and EPSDT Gross Cost	(2) EPSDT Enhanced - Children Gross Cost	(3) Enhanced - Refugees Gross Cost	(4) Total Gross Cost (Excl. HFP)	(5) Healthy Families Gross Cost	(6) Regular M/Cal and EPSDT Gross Cost	(7) EPSDT Enhanced - Children Gross Cost	(8) Enhanced - Refugees Gross Cost	(9) Total Gross Cost (Excl. HFP)	(10) Healthy Families Gross Cost
		(MH 1968, Ln 5, 5A, 10, 10A)	(MH 1968, Ln 16, 16A)	(MH 1968, Ln 22)	(Col. 1 to 3)	(MH 1968, Ln 27, 27A)	(MH 1968, Ln 5, 5A, 10, 10A)	(MH 1968, Ln 16, 16A)	(MH 1968, Ln 22)	(Col. 6 to 8)	(MH 1968, Ln 27, 27A)
00136	NEW ALTERNATIVES	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	490,162	\$ 0	\$ 0	490,162	\$ 0
00138	MENTAL HEALTH SYSTEMS	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
00203	PACIFIC CLINICS	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	4,032,856	\$ 0	\$ 0	4,032,856	\$ 0
00248	BEVERLY HEALTH & REHAB	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
00279	BRASWELL ENTERPRISES	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
00286	VISTA KNOLL REHAB CTR	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
00311	COMMUNITY CARE CTR	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
00313	LANDMARK MEDICAL SVCS	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
00409	ANNE SIPP CLINIC	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
00478	ROYALE HEALTH CARE CTR	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	779,152	\$ 0	\$ 0	779,152	\$ 0
00479	CHILD GUIDANCE CTR	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	2,392,915	\$ 0	\$ 0	2,392,915	\$ 0
00480	WESTERN YOUTH SVCS	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	5,253,960	\$ 0	\$ 0	5,253,960	\$ 0
00481	COLLEGE HEALTH	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
00482	ORANGE CO ASSN FOR MH	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	1,010,616	\$ 0	\$ 0	1,010,616	\$ 0
00518	OLIVE CREST TREATMENT CTR	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	2,661,564	\$ 0	\$ 0	2,661,564	\$ 0
00530	WESTERN MEDICAL CTR	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
00535	ANAHEIM UNION HS DISTRICT	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	34,848	\$ 0	\$ 0	34,848	\$ 0
00542	LATINO PSYCHOLOGICAL SOC	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	2,188,072	119	\$ 0	2,188,191	\$ 0
00566	GOLDEN STATE HEALTH CTRS	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
00596	KINSHIP CTR	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	1,597,119	\$ 0	\$ 0	1,597,119	\$ 0
00616	PACIFICARE BEHAVIORAL	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	4,343,336	\$ 0	\$ 0	4,343,336	\$ 0
00654	COMMUNITY SVC PROGRAMS	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	432,786	\$ 0	\$ 0	432,786	\$ 0
00666	COLLEGE HOSPITAL	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
00729	JOHN HENRY FOUNDATION	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
00793	CANYON ACRES CHILD SVCS	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	799,603	\$ 0	\$ 0	799,603	\$ 0
00801	ASPEN COMM. SVCS / MSO	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	4,516,059	\$ 0	\$ 0	4,516,059	\$ 0
00802	ASPEN SOLUTIONS	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	138,251	\$ 0	\$ 0	138,251	\$ 0
00870	CRITENTON SVCS	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	2,276,235	\$ 0	\$ 0	2,276,235	\$ 0
00883	MARIPOSA WOMEN'S CTR	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
00884	CALIF HISPANIC COMMISSION	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
00888	AURORA CHARTER OAK	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
00916	SOUTH COAST CHILD. SOCIETY	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	1,947,751	\$ 0	\$ 0	1,947,751	\$ 0
00975	COLLEGE COMMUNITY SVCS	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	2,158,613	\$ 0	\$ 0	2,158,613	\$ 0
01007	ANAHEIM CITY SCHOOL DIST.	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	49,203	\$ 0	\$ 0	49,203	\$ 0
01061	HILLVIEW ACRES CHILDREN'S	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	468,510	\$ 0	\$ 0	468,510	\$ 0
		\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	37,571,611	119	\$ 0	37,571,730	\$ 0

ORANGE COUNTY
SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST
FISCAL PERIOD ENDED JUNE 30, 2003

Legal Entity Number	Legal Entity	(11) Total Revenue (Excl. HFP)	(12) Healthy Families Revenue	(13) Total Revenue (Excl. HFP)	(14) Healthy Families Revenue	(15) Total Net Cost (Excl. HFP)	(16) Net Cost Healthy Families	(17) Total Net Cost (Excl. HFP)	(18) Net Cost Healthy Families	(19) Total MAA FFP
		INPATIENT		OUTPATIENT		INPATIENT		OUTPATIENT		Reimbursement
		(MH 1968, Ln 28 to 30)	(MH 1968, Ln 31)	(MH 1968, Ln 28 to 30)	(MH 1968, Ln 31)	(Col 4-11)	(Col 5-12)	(Col 9-13)	(Col 10-14)	(MH 1979, Ln 11-13)
00136	NEW ALTERNATIVES	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 490,162	\$ 0	\$ 0
00138	MENTAL HEALTH SYSTEMS	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
00203	PACIFIC CLINICS	\$ 0	\$ 0	\$ 56,666	\$ 0	\$ 0	\$ 0	\$ 3,976,190	\$ 0	\$ 0
00248	BEVERLY HEALTH & REHAB	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
00279	BRASWELL ENTERPRISES	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
00286	VISTA KNOLL REHAB CTR	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
00311	COMMUNITY CARE CTR	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
00313	LANDMARK MEDICAL SVCS	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
00409	ANNE SIPPY CLINIC	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
00478	ROYALE HEALTH CARE CTR	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 779,152	\$ 0	\$ 0
00479	CHILD GUIDANCE CTR	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 2,392,915	\$ 0	\$ 0
00480	WESTERN YOUTH SVCS	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 5,253,960	\$ 0	\$ 0
00481	COLLEGE HEALTH	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
00482	ORANGE CO ASSN FOR MH	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 1,010,616	\$ 0	\$ 0
00518	OLIVE CREST TREATMENT CTR	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 2,661,564	\$ 0	\$ 0
00530	WESTERN MEDICAL CTR	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
00535	ANAHEIM UNION HS DISTRICT	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 34,848	\$ 0	\$ 0
00542	LATINO PSYCHOLOGICAL SOC	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 2,188,191	\$ 0	\$ 0
00566	GOLDEN STATE HEALTH CTRS	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
00596	KINSHIP CTR	\$ 0	\$ 0	\$ 17,796	\$ 0	\$ 0	\$ 0	\$ 1,579,323	\$ 0	\$ 0
00616	PACIFICARE BEHAVIORAL	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 4,343,336	\$ 0	\$ 0
00654	COMMUNITY SVC PROGRAMS	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 432,786	\$ 0	\$ 0
00666	COLLEGE HOSPITAL	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
00729	JOHN HENRY FOUNDATION	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
00793	CANYON ACRES CHILD SVCS	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 799,603	\$ 0	\$ 0
00801	ASPEN COMM. SVCS / MSO	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 4,516,059	\$ 0	\$ 0
00802	ASPEN SOLUTIONS	\$ 0	\$ 0	\$ 338	\$ 0	\$ 0	\$ 0	\$ 137,913	\$ 0	\$ 0
00870	CRITENTON SVCS	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 2,276,235	\$ 0	\$ 0
00883	MARIPOSA WOMEN'S CTR	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
00884	CALIF HISPANIC COMMISSION	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
00888	AURORA CHARTER OAK	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
00916	SOUTH COAST CHILD. SOCIETY	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 1,947,751	\$ 0	\$ 0
00975	COLLEGE COMMUNITY SVCS	\$ 0	\$ 0	\$ 908	\$ 0	\$ 0	\$ 0	\$ 2,157,705	\$ 0	\$ 0
01007	ANAHEIM CITY SCHOOL DIST.	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 49,203	\$ 0	\$ 0
01061	HILLVIEW ACRES CHILDREN'S	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 468,510	\$ 0	\$ 0
GRAND TOTAL		\$ 0	\$ 0	\$ 75,708	\$ 0	\$ 0	\$ 0	\$ 37,496,022	\$ 0	\$ 0

ORANGE COUNTY
SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST
FISCAL PERIOD ENDED JUNE 30, 2003

Legal Entity Number	Legal Entity	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)
		Neg. Rates Exceed Costs (Excl. HFP)	Neg. Rates Exceed Costs Healthy Families	Neg. Rates Exceed Costs (Excl. HFP)	Neg. Rates Exceed Costs Healthy Families	Total SD/MC Reimbursement (FFP)	Healthy Families Reimbursement (FFP)	Total Reimbursement (FFP)	FFP Contract Maximum	Lower of FFP or Contract Maximum
		INPATIENT		OUTPATIENT						
		(MH 1968, Ln 38 to 39)	(MH 1968, Ln 40, 40A)	(MH 1968, Ln 38 to 39)	(MH 1968, Ln 40, 40A)	(MH 1979, Line 21)	(MH 1979, Ln. 27)	(Col. 24 + 25)		
00136	NEW ALTERNATIVES	\$ 0	\$ 0	\$ 0	\$ 0	249,776	\$ 0	249,776	\$ 256,546	\$ 249,776
00138	MENTAL HEALTH SYSTEMS	\$ 0	\$ 0	\$ 0	\$ 0	0	\$ 0	0	\$ 0	\$ 0
00203	PACIFIC CLINICS	\$ 0	\$ 0	\$ 0	\$ 0	2,045,376	\$ 0	2,045,376	\$ 3,672,915	\$ 2,045,376
00248	BEVERLY HEALTH & REHAB	\$ 0	\$ 0	\$ 0	\$ 0	0	\$ 0	0	\$ 0	\$ 0
00279	BRASWELL ENTERPRISES	\$ 0	\$ 0	\$ 0	\$ 0	0	\$ 0	0	\$ 0	\$ 0
00286	VISTA KNOLL REHAB CTR	\$ 0	\$ 0	\$ 0	\$ 0	0	\$ 0	0	\$ 0	\$ 0
00311	COMMUNITY CARE CTR	\$ 0	\$ 0	\$ 0	\$ 0	0	\$ 0	0	\$ 0	\$ 0
00313	LANDMARK MEDICAL SVCS	\$ 0	\$ 0	\$ 0	\$ 0	0	\$ 0	0	\$ 0	\$ 0
00409	ANNE SIPPY CLINIC	\$ 0	\$ 0	\$ 0	\$ 0	0	\$ 0	0	\$ 0	\$ 0
00478	ROYALE HEALTH CARE CTR	\$ 0	\$ 0	\$ 0	\$ 0	401,071	\$ 0	401,071	\$ 6,530,160	\$ 401,071
00479	CHILD GUIDANCE CTR	\$ 0	\$ 0	\$ 0	\$ 0	1,231,695	\$ 0	1,231,695	\$ 1,900,411	\$ 1,231,695
00480	WESTERN YOUTH SVCS	\$ 0	\$ 0	\$ 0	\$ 0	2,707,194	\$ 0	2,707,194	\$ 4,304,543	\$ 2,707,194
00481	COLLEGE HEALTH	\$ 0	\$ 0	\$ 0	\$ 0	0	\$ 0	0	\$ 0	\$ 0
00482	ORANGE CO ASSN FOR MH	\$ 0	\$ 0	\$ 0	\$ 0	520,464	\$ 0	520,464	\$ 1,965,709	\$ 520,464
00518	OLIVE CREST TREATMENT CTR	\$ 0	\$ 0	\$ 0	\$ 0	1,369,629	\$ 0	1,369,629	\$ 1,369,629	\$ 1,369,629
00530	WESTERN MEDICAL CTR	\$ 0	\$ 0	\$ 0	\$ 0	0	\$ 0	0	\$ 0	\$ 0
00535	ANAHEIM UNION HS DISTRICT	\$ 0	\$ 0	\$ 0	\$ 0	17,621	\$ 0	17,621	\$ 17,621	\$ 17,621
00542	LATINO PSYCHOLOGICAL SOC	\$ 0	\$ 0	\$ 0	\$ 0	1,126,263	\$ 0	1,126,263	\$ 2,002,837	\$ 1,126,263
00566	GOLDEN STATE HEALTH CTRS	\$ 0	\$ 0	\$ 0	\$ 0	0	\$ 0	0	\$ 0	\$ 0
00596	KINSHIP CTR	\$ 0	\$ 0	\$ 0	\$ 0	811,036	\$ 0	811,036	\$ 811,036	\$ 811,036
00616	PACIFICARE BEHAVIORAL	\$ 0	\$ 0	\$ 0	\$ 0	2,230,817	\$ 0	2,230,817	\$ 2,279,745	\$ 2,230,817
00654	COMMUNITY SVC PROGRAMS	\$ 0	\$ 0	\$ 0	\$ 0	223,138	\$ 0	223,138	\$ 223,138	\$ 223,138
00666	COLLEGE HOSPITAL	\$ 0	\$ 0	\$ 0	\$ 0	0	\$ 0	0	\$ 0	\$ 0
00729	JOHN HENRY FOUNDATION	\$ 0	\$ 0	\$ 0	\$ 0	0	\$ 0	0	\$ 0	\$ 0
00793	CANYON ACRES CHILD SVCS	\$ 0	\$ 0	\$ 0	\$ 0	411,507	\$ 0	411,507	\$ 650,762	\$ 411,507
00801	ASPEN COMM. SVCS / MSO	\$ 0	\$ 0	\$ 0	\$ 0	2,325,043	\$ 0	2,325,043	\$ 2,468,266	\$ 2,325,043
00802	ASPEN SOLUTIONS	\$ 0	\$ 0	\$ 0	\$ 0	69,432	\$ 0	69,432	\$ 605,552	\$ 69,432
00870	CRITENTON SVCS	\$ 0	\$ 0	\$ 0	\$ 0	1,171,199	\$ 0	1,171,199	\$ 1,288,479	\$ 1,171,199
00883	MARIPOSA WOMEN'S CTR	\$ 0	\$ 0	\$ 0	\$ 0	0	\$ 0	0	\$ 0	\$ 0
00884	CALIF HISPANIC COMMISSION	\$ 0	\$ 0	\$ 0	\$ 0	0	\$ 0	0	\$ 0	\$ 0
00888	AURORA CHARTER OAK	\$ 0	\$ 0	\$ 0	\$ 0	0	\$ 0	0	\$ 0	\$ 0
00916	SOUTH COAST CHILD. SOCIETY	\$ 0	\$ 0	\$ 0	\$ 0	999,340	\$ 0	999,340	\$ 1,050,070	\$ 999,340
00975	COLLEGE COMMUNITY SVCS	\$ 0	\$ 0	\$ 0	\$ 0	1,110,294	\$ 0	1,110,294	\$ 1,816,323	\$ 1,110,294
01007	ANAHEIM CITY SCHOOL DIST.	\$ 0	\$ 0	\$ 0	\$ 0	24,886	\$ 0	24,886	\$ 26,420	\$ 24,886
01061	HILLVIEW ACRES CHILDREN'S	\$ 0	\$ 0	\$ 0	\$ 0	242,311	\$ 0	242,311	\$ 268,713	\$ 242,311
GRAND TOTAL		\$ 0	\$ 0	\$ 0	\$ 0	19,288,092	\$ 0	19,288,092	\$ 33,508,875	\$ 19,288,092

(To Sch. 1)

SCHEDULE 4

**ORANGE COUNTY
COMMUNITY MENTAL HEALTH SERVICES
COMPUTATION OF EPSDT STATE SHARE PER AUDIT
FISCAL YEAR ENDED JUNE 30, 2003**

	<u>As Settled</u>	<u>Audit Adjustments</u>	<u>As Audited</u>
(1) SD/MC Actuals (MH 1979, Lns. 16, 16A, 17, 17A, 18) (including contractors)	54,933,602	(169,839)	54,763,763
(2) Total SD/MC Claims	49,688,065	0	49,688,065
(3) Percent % (Line 1/Line 2)	1.1056	(0.0034)	1.1022
(4) EPSDT Claims	33,925,756	0	33,925,756
(5) Actual Cost Settled EPSDT SD/MC (Line 3 X Line 4)	37,508,316	(115,348)	37,392,968
(6) Cost Settled Baseline for EPSDT	3,603,449	0	3,603,449
(7) Net Cost Settlement Amount (Line 5 - Line 6)	33,904,867	(115,348)	33,789,519
(8) 48.56% of Cost Settlement Amount (Line 7 x 48.56%)	16,464,203	(56,013)	16,408,191
(8a) FY 2001-02 EPSDT Settlement	14,696,250	0	14,696,250
(8b) Annual Local Growth (L. 8 - 8a)	1,767,953	(56,013)	1,711,941
(9) County Match 10% of Local Growth (8b x 10%)	176,795	(5,601)	171,194
(10) Net Cost Settlement Amount (L. 8 - 9)	16,287,408	(50,412)	16,236,996
(11) SGF Distribution (Settled and Audited)	16,516,794	0	16,516,794
(12) SGF Due County (State)	<u>(229,386)</u>	<u>(50,412)</u>	<u>(279,798)</u> (To Sch. 1)

Source:

- (1) Total CFRS SD/MC actuals after final Settlement (Col. 1) and Audit (Col. 3) for Net Direct Outpatient Services (includes Mode 05 - SF's 20-94, Mode 10, and Mode 15)
- (2) Total SD/MC paid claims (total non-hospital, including PHF's) by County Submitting Claims (includes contract providers, excludes Healthy Families)
- (4) SD/MC paid claims for children under 21 years of age (full scope, non-hospital, including PHF's) including new aid codes by County of Beneficiary
- (6) Cost Settled Baseline for EPSDT for FY 2002-2003, includes increase for FFS/MC provider rate increase
- (7) Settlement amount prior to 10% match calculation (8) - (9)
- (11) SGF gross distribution (See DMH letter dated October 23, 2002 sent to Local Mental Health Directors) Includes adjustment for additional SGF and ASO non participants

AUDIT ADJUSTMENTS

Provider ORANGE COUNTY				Provider Number 00030	No. of Adj. 57	Fiscal Period Ended June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED COSTS</u>			
1	MH 1960	6	C	Medi-Cal Adjustments from MH 1961 To eliminate Mental Health Interest Expenses reported as Other Adjustments. Mental Health Interest Expenses were not actually incurred by the County.	0	\$ (248,328)	\$ (248,328)
2	MH 1960	8	C	ALLOWABLE COSTS FOR ALLOCATION To adjust the reported Allowable Costs for Allocation in conjunction with adjustment number 1.	\$ 88,189,761	\$ (248,328)	\$ 87,941,433
3	MH 1960	12	C	TOTAL ADMINISTRATIVE COSTS To adjust Total Administrative Costs in conjunction with adjustment number 1.	\$ 25,565,753	\$ (248,328)	\$ 25,317,425
4	MH 1960	9	C	SD/MC ADMINISTRATION	\$ 8,854,622	\$ (87,198)	\$ 8,767,424
Info	MH 1960	10	C	HEALTHY FAMILIES ADMINISTRATION	0	0	0
5	MH 1960	11	C	NON SD/MC ADMINISTRATION	16,711,131	(161,130)	16,550,001
Info	MH 1960	12	C	TOTAL ADMINISTRATIVE COSTS To adjust the allocation of Administrative Costs in conjunction with adjustment number 3.	<u>\$ 25,565,753</u>	<u>\$ (248,328)</u>	<u>\$ 25,317,425</u>
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider ORANGE COUNTY				Provider Number 00030	No. of Adj. 57	Fiscal Period Ended June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED SD/MC UNITS - COUNTY</u>			
6	MH 1966A	8	Total	MEDI-CAL UNITS @ 51.40%	1,727,488	92,346	1,819,834 *
7	MH 1966A	8A	Total	MEDI-CAL UNITS @ 50%	5,284,288	245,468	5,529,756 *
8	MH 1966A	9	Total	MEDICARE/MEDI-CAL UNITS @ 51.40%	98,046	(85,247)	12,799 *
9	MH 1966A	9A	Total	MEDICARE/MEDI-CAL UNITS @ 50%	264,695	(216,224)	48,471 *
10	MH 1966A	10	Total	ENHANCED - CHILDREN UNITS @65.98%	0	8,192	8,192 *
11	MH 1966A	10A	Total	ENHANCED - CHILDREN UNITS @65%	0	34,594	34,594 *
12	MH 1966A	10B	Total	ENHANCED - REFUGEES @ 100%	0	1,061	1,061 *
13	MH 1966A	11	Total	HEALTHY FAMILIES UNITS @65.98%	0	649	649 *
14	MH 1966A	11A	Total	HEALTHY FAMILIES UNITS @65%	0	600	600 *
			Info	TOTAL UNITS	<u>7,374,517</u>	<u>81,439</u>	<u>7,455,956</u>
				To adjust the as settled Short-Doyle/Medi-Cal (SD/MC) units of service/time for the county operated facilities to agree with the State Department of Mental Health (DMH) Approved Claims Report dated April 13, 2007. Copies of workpapers detailing adjustments by service functions have been provided to the County.			
15	MH 1966A	8	Total	MEDI-CAL UNITS @ 51.40%	** 1,819,834	(92,346)	1,727,488 *
16	MH 1966A	8A	Total	MEDI-CAL UNITS @ 50%	** 5,529,756	(245,468)	5,284,288 *
17	MH 1966A	9	Total	MEDICARE/MEDI-CAL UNITS @ 51.40%	** 12,799	85,247	98,046 *
18	MH 1966A	9A	Total	MEDICARE/MEDI-CAL UNITS @ 50%	** 48,471	216,224	264,695 *
19	MH 1966A	10	Total	ENHANCED - CHILDREN UNITS @65.98%	** 8,192	(8,192)	0 *
20	MH 1966A	10A	Total	ENHANCED - CHILDREN UNITS @65%	** 34,594	(34,594)	0 *
21	MH 1966A	10B	Total	ENHANCED - REFUGEES @ 100%	** 1,061	(1,061)	0 *
22	MH 1966A	11	Total	HEALTHY FAMILIES UNITS @65.98%	** 649	(649)	0 *
23	MH 1966A	11A	Total	HEALTHY FAMILIES UNITS @65%	** 600	(600)	0 *
			Info	TOTAL UNITS	<u>7,455,956</u>	<u>(81,439)</u>	<u>7,374,517</u>
				TOTAL UNITS			
				To adjust the SD/MC units of service/time per the State DMH Approved Claims Report to agree with the County's report. Copies of workpapers detailing adjustments by service functions have been provided to the County.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider ORANGE COUNTY				Provider Number 00030	No. of Adj. 57	Fiscal Period Ended June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED SD/MC UNITS - COUNTY</u>			
24	MH 1966A	8	Total	MEDI-CAL UNITS @ 51.40%	** 1,727,488	811	1,728,299 *
25	MH 1966A	8A	Total	MEDI-CAL UNITS @ 50%	** 5,284,288	(5,395)	5,278,893 *
26	MH 1966A	9	Total	MEDICARE/MEDI-CAL UNITS @ 51.40%	** 98,046	(222)	97,824
27	MH 1966A	9A	Total	MEDICARE/MEDI-CAL UNITS @ 50%	** 264,695	(637)	264,058
Info	MH 1966A	10	Total	ENHANCED - CHILDREN UNITS @65.98%	** 0	0	0
Info	MH 1966A	10A	Total	ENHANCED - CHILDREN UNITS @65%	** 0	0	0
28	MH 1966A	10B	Total	ENHANCED - REFUGEES @ 100%	** 0	10	10
Info	MH 1966A	11	Total	HEALTHY FAMILIES UNITS @65.98%	** 0	0	0
Info	MH 1966A	11A	Total	HEALTHY FAMILIES UNITS @65%	** 0	0	0
			Info	TOTAL UNITS	<u>7,374,517</u>	<u>(5,433)</u>	<u>7,369,084</u>
				To adjust the SD/MC units of service/time to reflect the lesser of DMH Approved Claims Report or County's report. Copies of workpapers detailing adjustments by service functions have been provided to the County.			
Info	MH 1966A	8	Total	MEDI-CAL UNITS @ 51.40%	** 1,728,299	0	1,728,299
29	MH 1966A	8A	Total	MEDI-CAL UNITS @ 50%	** 5,278,893	(229)	5,278,664
			Info	TOTAL UNITS	<u>7,007,192</u>	<u>(229)</u>	<u>7,006,963</u>
				To adjust the SD/MC units of service/time as a result of disallowances identified by the State DMH - Medi-Cal Oversight utilization review findings. Copies of workpapers detailing adjustments by service functions have been provided to the County.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider ORANGE COUNTY				Provider Number 00030	No. of Adj. 57	Fiscal Period Ended June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED SD/MC UNITS - CONTRACT PROVIDERS</u>			
30	MH 1966A	8	Total	MEDI-CAL UNITS @ 51.40%	4,713,547	78,582	4,792,129 *
31	MH 1966A	8A	Total	MEDI-CAL UNITS @ 50%	13,990,319	780,053	14,770,372 *
32	MH 1966A	9	Total	MEDICARE/MEDI-CAL UNITS @ 51.40%	180,777	(63,786)	116,991 *
33	MH 1966A	9A	Total	MEDICARE/MEDI-CAL UNITS @ 50%	493,795	(214,088)	279,707 *
34	MH 1966A	10	Total	ENHANCED - CHILDREN UNITS @65.98%	0	8,897	8,897 *
35	MH 1966A	10A	Total	ENHANCED - CHILDREN UNITS @65%	0	57,878	57,878 *
36	MH 1966A	10B	Total	ENHANCED - REFUGEES @ 100%	0	5,081	5,081 *
37	MH 1966A	11	Total	HEALTHY FAMILIES UNITS @65.98%	0	792	792 *
38	MH 1966A	11A	Total	HEALTHY FAMILIES UNITS @65%	0	3,344	3,344 *
		Info		TOTAL UNITS	<u>19,378,438</u>	<u>656,753</u>	<u>20,035,191</u>
				To adjust the as settled SD/MC units of service/time for the contract providers to agree with the State DMH Approved Claims Report dated April 13, 2007. Copies of workpapers detailing adjustments by service functions have been provided to the County.			
39	MH 1966A	8	Total	MEDI-CAL UNITS @ 51.40%	** 4,792,129	(78,915)	4,713,214 *
40	MH 1966A	8A	Total	MEDI-CAL UNITS @ 50%	** 14,770,372	(814,111)	13,956,261 *
41	MH 1966A	9	Total	MEDICARE/MEDI-CAL UNITS @ 51.40%	** 116,991	63,786	180,777 *
42	MH 1966A	9A	Total	MEDICARE/MEDI-CAL UNITS @ 50%	** 279,707	214,088	493,795 *
43	MH 1966A	10	Total	ENHANCED - CHILDREN UNITS @65.98%	** 8,897	(8,897)	0 *
44	MH 1966A	10A	Total	ENHANCED - CHILDREN UNITS @65%	** 57,878	(57,878)	0 *
45	MH 1966A	10B	Total	ENHANCED - REFUGEES @ 100%	** 5,081	(5,081)	0 *
46	MH 1966A	11	Total	HEALTHY FAMILIES UNITS @65.98%	** 792	(792)	0 *
47	MH 1966A	11A	Total	HEALTHY FAMILIES UNITS @65%	** 3,344	(3,344)	0 *
		Info		TOTAL UNITS	<u>20,035,191</u>	<u>(691,144)</u>	<u>19,344,047</u>
				To adjust the SD/MC units of service/time per the State DMH Approved Claims Report to agree with the County's report. Copies of workpapers detailing adjustments by service functions have been provided to the County.			
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider ORANGE COUNTY				Provider Number 00030	No. of Adj. 57	Fiscal Period Ended June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED SD/MC UNITS - CONTRACT PROVIDERS</u>			
48	MH 1966A	8	Total	MEDI-CAL UNITS @ 51.40%	** 4,713,214	(2,960)	4,710,254
49	MH 1966A	8A	Total	MEDI-CAL UNITS @ 50%	** 13,956,261	(16,540)	13,939,721 *
50	MH 1966A	9	Total	MEDICARE/MEDI-CAL UNITS @ 51.40%	** 180,777	(211)	180,566
51	MH 1966A	9A	Total	MEDICARE/MEDI-CAL UNITS @ 50%	** 493,795	(249)	493,546
Info	MH 1966A	10	Total	ENHANCED - CHILDREN UNITS @65.98%	** -	0	0
52	MH 1966A	10A	Total	ENHANCED - CHILDREN UNITS @65%	** -	60	60
Info	MH 1966A	10B	Total	ENHANCED - REFUGEES @ 100%	** -	0	0
Info	MH 1966A	11	Total	HEALTHY FAMILIES UNITS @65.98%	** -	0	0
Info	MH 1966A	11A	Total	HEALTHY FAMILIES UNITS @65%	** -	0	0
			Info	TOTAL UNITS	<u>19,344,047</u>	<u>(19,900)</u>	<u>19,324,147</u>
				To adjust the SD/MC units of service/time to reflect the lesser of DMH Approved Claims Report or County's report. Copies of workpapers detailing adjustments by service functions have been provided to the County.			
53	MH 1966A	8A	Total	MEDI-CAL UNITS @ 50%	** 13,939,721	(38,228)	13,901,493 *
			Info	TOTAL UNITS	<u>13,939,721</u>	<u>(38,228)</u>	<u>13,901,493</u>
				PacifiCare, LE #00616 - Medi-Cal Units @ 50% (38,228)			
				To eliminate SD/MC units of service/time identified as IMD Disallowances by the County.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider ORANGE COUNTY				Provider Number 00030	No. of Adj. 57	Fiscal Period Ended June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
54	MH 1966A	8A	Total Info	<p align="center"><u>ADJUSTMENTS TO REPORTED SD/MC UNITS - CONTRACT PROVIDERS</u></p> <p>MEDI-CAL UNITS @ 50% TOTAL UNITS</p> <p>New Alternatives, LE #00136 - Medi-Cal Units @ 50% (1,113) Child Guidance, LE #00479 - Medi-Cal Units @ 50% (45) Western Youth Svcs, LE #00480 - Medi-Cal Units @ 50% (480) Olive Creat Treatment Ctr, LE #00518 - Medi-Cal Units @ 50% (1,560) Community Svc Programs, LE #00654 - Medi-Cal Units @ 50% (85) Total (3,283)</p> <p>To adjust the SD/MC units of service/time as a result of disallowances identified by the State DMH - Medi-Cal Oversight utilization review findings. Copies of workpapers detailing adjustments by service functions have been provided to the County.</p> <p align="center"><u>ADJUSTMENTS TO REPORTED SD/MC SETTLEMENT</u></p>	<p>** 13,901,493 13,901,493</p>	<p>(3,283) (3,283)</p>	<p>13,898,210 13,898,210</p>
55 Info	MH 1979 MH 1979	21 27	J J Info	<p>TOTAL SD/MC REIMBURSEMENT (FFP) - COUNTY</p> <p>TOTAL HEALTHY FAMILIES REIMBURSEMENT - COUNTY</p> <p>TOTAL REIMBURSEMENT - COUNTY</p>	<p>\$ 13,952,291 0 \$ 13,952,291</p>	<p>\$ (48,951) 0 \$ (48,951)</p>	<p>13,903,340 0 \$ 13,903,340</p>
56 Info	Sch. 3b Sch. 3b	Total Total	24 25 Info	<p>TOTAL SD/MC REIMBURSEMENT - CONTRACT PROVIDERS</p> <p>TOTAL HEALTHY FAMILIES REIMBURSEMENT - CONTRACT PROVIDERS</p> <p>TOTAL REIMBURSEMENT - CONTRACT PROVIDERS</p> <p>To adjust Total SD/MC Reimbursement (FFP) due to the adjustments made to the reported costs and units of service/time.</p> <p>* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.</p>	<p>\$ 19,382,674 0 \$ 19,382,674</p>	<p>\$ (94,582) 0 \$ (94,582)</p>	<p>19,288,092 0 \$ 19,288,092</p>

AUDIT ADJUSTMENTS

Provider ORANGE COUNTY				Provider Number 00030	No. of Adj. 57	Fiscal Period Ended June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
57	Sch. 4	8	3	<p><u>ADJUSTMENTS TO REPORTED SD/MC SETTLEMENT</u></p> <p>TOTAL EPSDT SGF</p> <p>To adjust the final EPSDT settlement as a result of adjustments to audited Medi-Cal cost.</p> <p>* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.</p>	\$ 16,287,408	\$ (50,412)	\$ 16,236,996

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

CALCULATION OF PROGRAM COSTS
MH 1960 (10/04)

Fiscal Year 2002-2003

County: ORANGE COUNTY
County Code: 30

Legal Entity: ORANGE COUNTY		A	B	C
Legal Entity Number: 00030		Salaries and Benefits	Other	Total Costs
1	Mental Health Expenditures	63,042,764	127,096,959	190,139,723
2	Encumbrances			
3	Less: Payments to Contract Providers (County Only)		(76,756,115)	(76,756,115)
4	Other Adjustments (Provide Detail)	(8,754,321)	(16,439,526)	(25,193,847)
5	Total Costs Before Medi-Cal Adjustments	54,288,443	33,901,318	88,189,761
6	Medi-Cal Adjustments from MH 1961			(248,328)
7	Managed Care Consolidation (County Only)			
8	Allowable Costs for Allocation			87,941,433
	Administrative Costs (County Only)			
9	SD/MC Administration			8,767,424
10	Healthy Families Administration			
11	Non-SD/MC Administration			16,550,001
12	Total Administrative Costs			25,317,425
	Utilization Review Costs (County Only)			
13	Skilled Professional Medical Personnel			
14	Other SD/MC Utilization Review			
15	Non-SD/MC Utilization Review			
16	Total Utilization Review Costs			
17	Research and Evaluation (County Only)			476,369
18	Mode Costs (Direct Service and MAA)			62,147,639
19	Total Costs - Lines 9 through 18			87,941,433

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
MEDI-CAL ADJUSTMENTS TO COSTS
MH 1961 (10/04)

DEPARTMENT OF MENTAL HEALTH

Fiscal Year 2002-2003

County: ORANGE COUNTY
County Code: 30

Legal Entity: ORANGE COUNTY		A	B	C
Legal Entity Number: 00030		Salaries and Benefits	Other	Total Adjustments
1	TO ELIMINATE MENTAL HEALTH INTEREST			
2	EXPENSES THAT WERE NOT ACTUALLY			
3	INCURRED BY THE COUNTY		(248,328)	(248,328)
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20	Total Adjustments		(248,328)	(248,328)

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO MODES OF SERVICE
MH 1964 (10/04)

DEPARTMENT OF MENTAL HEALTH
Fiscal Year 2002-2003

County: ORANGE COUNTY
County Code: 30

Legal Entity: ORANGE COUNTY		A
Legal Entity Number: 00030		Total
		Costs
1	Mode Costs (Direct Service and MAA) from MH 1960	62,147,639
	Modes	
2	Hospital Inpatient Services (Mode 05-SFC 10-19)	
3	Other 24 Hour Services (Mode 05-All Other SFC)	4,066,291
4	Day Services (Mode 10)	2,199,171
5	Outpatient Services (Mode 15 Program 1 + Program 2)	50,252,816
6	Outreach Services (Mode 45)	
7	Medi-Cal Administrative Activities (Mode 55)	2,151,794
8	Support Services (Mode 60)	3,477,567
9	Total - Lines 2 through 8	62,147,639

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (10/04)

DETAIL COST REPORT

PAGE 1 OF 1
Fiscal Year 2002-2003

County: ORANGE COUNTY
County Code: 30

CR

Legal Entity: ORANGE COUNTY			A	B	C	D	E	F	G
Legal Entity Number: 00030			Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 05 - Other 24 Hour Services (All Other SFC)				30					
1	Allocation Percentage		100.00%	100.00%					
2	Total Units			16,110					
3	Gross Cost		4,066,291	4,066,291					
4	Cost per Unit			252.41					
5	SMA per Unit								
6	Published Charge per Unit								
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units	07/01/02 - 09/30/02							
8A		10/01/02 - 06/30/03							
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02							
9A		10/01/02 - 06/30/03							
10	Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02							
10A		10/01/02 - 06/30/03							
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03							
11	Healthy Families (SED) Units	07/01/02 - 09/30/02							
11A		10/01/02 - 06/30/03							
12	Non-Medi-Cal Units			16,110					
13	Medi-Cal Costs	07/01/02 - 09/30/02							
13A		10/01/02 - 06/30/03							
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02							
14A		10/01/02 - 06/30/03							
15	Medi-Cal Published Charges	07/01/02 - 09/30/02							
15A		10/01/02 - 06/30/03							
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02							
16A		10/01/02 - 06/30/03							
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02							
17A		10/01/02 - 06/30/03							
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02							
18A		10/01/02 - 06/30/03							
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02							
19A		10/01/02 - 06/30/03							
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02							
20A		10/01/02 - 06/30/03							
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02							
21A		10/01/02 - 06/30/03							
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02							
22A		10/01/02 - 06/30/03							
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02							
23A		10/01/02 - 06/30/03							
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02							
24A		10/01/02 - 06/30/03							
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03							
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03							
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03							
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03							
29	Healthy Families Costs	07/01/02 - 09/30/02							
29A		10/01/02 - 06/30/03							
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02							
30A		10/01/02 - 06/30/03							
31	Healthy Families Published Charges	07/01/02 - 09/30/02							
31A		10/01/02 - 06/30/03							
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02							
32A		10/01/02 - 06/30/03							
33	Non-Medi-Cal Costs		4,066,291	4,066,291					

County: ORANGE COUNTY
County Code: 30

CR

Legal Entity: ORANGE COUNTY			A	B	C	D	E	F	G
Legal Entity Number: 00030			Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 10 - Day Services				20					
1	Allocation Percentage		100.00%	100.00%					
2	Total Units			42,250					
3	Gross Cost		2,199,171	2,199,171					
4	Cost per Unit			52.05					
5	SMA per Unit			82.94					
6	Published Charge per Unit			82.94					
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units	07/01/02 - 09/30/02		3,023					
8A		10/01/02 - 06/30/03		5,871					
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02		12					
9A		10/01/02 - 06/30/03		19					
10	Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02							
10A		10/01/02 - 06/30/03							
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03		10					
11	Healthy Families (SED) Units	07/01/02 - 09/30/02							
11A		10/01/02 - 06/30/03							
12	Non-Medi-Cal Units			33,315					
13	Medi-Cal Costs	07/01/02 - 09/30/02	157,351	157,351					
13A		10/01/02 - 06/30/03	305,594	305,594					
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	250,728	250,728					
14A		10/01/02 - 06/30/03	486,941	486,941					
15	Medi-Cal Published Charges	07/01/02 - 09/30/02	250,728	250,728					
15A		10/01/02 - 06/30/03	486,941	486,941					
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02							
16A		10/01/02 - 06/30/03							
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02	625	625					
17A		10/01/02 - 06/30/03	989	989					
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02	995	995					
18A		10/01/02 - 06/30/03	1,576	1,576					
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02	995	995					
19A		10/01/02 - 06/30/03	1,576	1,576					
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02							
20A		10/01/02 - 06/30/03							
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02							
21A		10/01/02 - 06/30/03							
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02							
22A		10/01/02 - 06/30/03							
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02							
23A		10/01/02 - 06/30/03							
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02							
24A		10/01/02 - 06/30/03							
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03	521	521					
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03	829	829					
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03	829	829					
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03							
29	Healthy Families Costs	07/01/02 - 09/30/02							
29A		10/01/02 - 06/30/03							
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02							
30A		10/01/02 - 06/30/03							
31	Healthy Families Published Charges	07/01/02 - 09/30/02							
31A		10/01/02 - 06/30/03							
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02							
32A		10/01/02 - 06/30/03							
33	Non-Medi-Cal Costs		1,734,092	1,734,092					

County: ORANGE COUNTY County Code: 30			CR	CR	CR	CR	CR	CR	
Legal Entity: ORANGE COUNTY			A	B	C	D	E	F	G
Legal Entity Number: 00030			Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 15 - Outpatient (Program 1)				01	10	30	40	50	60
1	Allocation Percentage		100.00%	28.87%	2.84%	21.42%	17.27%	4.40%	20.50%
2	Total Units			8,337,743	705,785	4,550,395	4,116,568	1,247,909	2,307,356
3	Gross Cost		49,410,432	14,265,029	1,404,907	10,584,611	8,535,308	2,174,886	10,128,865
4	Cost per Unit			1.71	1.99	2.33	2.07	1.74	4.39
5	SMA per Unit			1.77	2.28	2.28	2.28	2.28	4.23
6	Published Charge per Unit			1.77	2.28	2.28	2.28	2.28	4.23
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units		07/01/02 - 09/30/02	736,396	35,008	325,170	271,790	22,074	202,002
8A			10/01/02 - 06/30/03	2,237,248	86,815	944,633	872,637	64,848	680,793
9	Medicare/Medi-Cal Crossover Units		07/01/02 - 09/30/02	84,529		378	3,202	671	8,911
9A			10/01/02 - 06/30/03	214,897		348	15,196	1,261	32,152
10	Enhanced SD/MC (Children) Units		07/01/02 - 09/30/02						
10A			10/01/02 - 06/30/03						
10B	Enhanced SD/MC (Refugees) Units		07/01/02 - 06/30/03						
11	Healthy Families (SED) Units		07/01/02 - 09/30/02						
11A			10/01/02 - 06/30/03						
12	Non-Medi-Cal Units			5,064,673	583,962	3,279,866	2,953,743	1,159,055	1,383,498
13	Medi-Cal Costs		07/01/02 - 09/30/02	3,722,882	1,259,899	69,686	756,373	563,530	38,471
13A			10/01/02 - 06/30/03	11,641,040	3,827,703	172,810	2,197,298	1,809,329	113,019
14	Medi-Cal SMA Upper Limits		07/01/02 - 09/30/02	3,791,636	1,303,421	79,818	741,388	619,681	50,329
14A			10/01/02 - 06/30/03	11,840,913	3,959,929	197,938	2,153,763	1,989,612	147,853
15	Medi-Cal Published Charges		07/01/02 - 09/30/02	3,791,636	1,303,421	79,818	741,388	619,681	50,329
15A			10/01/02 - 06/30/03	11,840,913	3,959,929	197,938	2,153,763	1,989,612	147,853
16	Medi-Cal Negotiated Rates		07/01/02 - 09/30/02						
16A			10/01/02 - 06/30/03						
17	Medicare/Medi-Cal Crossover Costs		07/01/02 - 09/30/02	192,855	144,621		879	6,639	1,169
17A			10/01/02 - 06/30/03	543,979	367,667		809	31,507	2,198
18	Medicare/Medi-Cal Crossover SMA Upper Limits		07/01/02 - 09/30/02	197,415	149,616		862	7,301	1,530
18A			10/01/02 - 06/30/03	555,317	380,368		793	34,647	2,875
19	Medicare/Medi-Cal Crossover Published Charges		07/01/02 - 09/30/02	197,415	149,616		862	7,301	1,530
19A			10/01/02 - 06/30/03	555,317	380,368		793	34,647	2,875
20	Medicare/Medi-Cal Crossover Negotiated Rates		07/01/02 - 09/30/02						
20A			10/01/02 - 06/30/03						
21	Enhanced SD/MC Costs		07/01/02 - 09/30/02						
21A			10/01/02 - 06/30/03						
22	Enhanced SD/MC SMA Upper Limits		07/01/02 - 09/30/02						
22A			10/01/02 - 06/30/03						
23	Enhanced SD/MC Published Charges		07/01/02 - 09/30/02						
23A			10/01/02 - 06/30/03						
24	Enhanced SD/MC Negotiated Rates		07/01/02 - 09/30/02						
24A			10/01/02 - 06/30/03						
25	Enhanced SD/MC (Refugees) Costs		07/01/02 - 06/30/03						
26	Enhanced SD/MC (Refugees) SMA Upper Limits		07/01/02 - 06/30/03						
27	Enhanced SD/MC (Refugees) Published Charges		07/01/02 - 06/30/03						
28	Enhanced SD/MC (Refugees) Negotiated Rates		07/01/02 - 06/30/03						
29	Healthy Families Costs		07/01/02 - 09/30/02						
29A			10/01/02 - 06/30/03						
30	Healthy Families SMA Upper Limits		07/01/02 - 09/30/02						
30A			10/01/02 - 06/30/03						
31	Healthy Families Published Charges		07/01/02 - 09/30/02						
31A			10/01/02 - 06/30/03						
32	Healthy Families Negotiated Rates		07/01/02 - 09/30/02						
32A			10/01/02 - 06/30/03						
33	Non-Medi-Cal Costs			33,309,677	8,665,140	1,162,411	7,629,251	6,124,302	2,020,029
									6,073,300

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL

DETAIL COST REPORT

County: ORANGE COUNTY		CR					
County Code: 30							
Legal Entity: ORANGE COUNTY		H	I	J	K	L	M
Legal Entity Number: 00030		Service	Service	Service	Service	Service	Service
Mode: 15 - Outpatient (Program 1)		Function	Function	Function	Function	Function	Function
		70					
1	Allocation Percentage	4.69%					
2	Total Units	653,559					
3	Gross Cost	2,316,826					
4	Cost per Unit	3.54					
5	SMA per Unit	3.41					
6	Published Charge per Unit	3.41					
7	Negotiated Rate / Cost per Unit						
8							
8A	Medi-Cal Units	07/01/02 - 09/30/02 41,798					
9		10/01/02 - 06/30/03 150,165					
9A	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02 121					
10		10/01/02 - 06/30/03 185					
10A	Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02					
10B		10/01/02 - 06/30/03					
11	Enhanced SD/MC (Refugees) Units	07/01/02 - 09/30/02					
11A		10/01/02 - 06/30/03					
12	Healthy Families (SED) Units						
12A	Non-Medi-Cal Units	461,290					
13							
13A	Medi-Cal Costs	07/01/02 - 09/30/02 148,171					
14		10/01/02 - 06/30/03 532,326					
14A	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02 142,531					
15		10/01/02 - 06/30/03 512,063					
15A	Medi-Cal Published Charges	07/01/02 - 09/30/02 142,531					
16		10/01/02 - 06/30/03 512,063					
16A	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02					
17		10/01/02 - 06/30/03					
17A	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02 429					
18		10/01/02 - 06/30/03 656					
18A	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02 413					
19		10/01/02 - 06/30/03 631					
19A	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02 413					
20		10/01/02 - 06/30/03 631					
20A	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02					
21		10/01/02 - 06/30/03					
21A	Enhanced SD/MC Costs	07/01/02 - 09/30/02					
22		10/01/02 - 06/30/03					
22A	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02					
23		10/01/02 - 06/30/03					
23A	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02					
24		10/01/02 - 06/30/03					
24A	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02					
25		10/01/02 - 06/30/03					
25A	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03					
26		07/01/02 - 06/30/03					
26A	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03					
27		07/01/02 - 06/30/03					
27A	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03					
28		07/01/02 - 06/30/03					
28A	Enhanced SD/MC (Refugees) Negotiated Rates						
29							
29A	Healthy Families Costs	07/01/02 - 09/30/02					
30		10/01/02 - 06/30/03					
30A	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02					
31		10/01/02 - 06/30/03					
31A	Healthy Families Published Charges	07/01/02 - 09/30/02					
32		10/01/02 - 06/30/03					
32A	Healthy Families Negotiated Rates	07/01/02 - 09/30/02					
33		10/01/02 - 06/30/03					
33A	Non-Medi-Cal Costs	1,635,244					

County: ORANGE COUNTY County Code: 30			TBS	ASO	ASO	ASO	ASO	ASO		
Legal Entity: ORANGE COUNTY			A	B	C	D	E	F	G	
Legal Entity Number: 00030			Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	
Mode: 15 - Outpatient (Program 2)				58	01	30	40	50	60	
1	Allocation Percentage		100.00%	69.81%	0.43%	1.18%	26.95%	0.17%	1.46%	
2	Total Units			219,240	2,340	5,805	132,600	825	5,265	
3	Gross Cost		842,384	588,080	3,624	9,939	227,022	1,412	12,307	
4	Cost per Unit			2.68	1.55	1.71	1.71	1.71	2.34	
5	SMA per Unit			2.28	1.77	2.28	2.28	2.28	4.23	
6	Published Charge per Unit									
7	Negotiated Rate / Cost per Unit									
8	Medi-Cal Units		07/01/02 - 09/30/02	44,523	1,320	3,510	39,120	510	2,055	
8A			10/01/02 - 06/30/03	135,334	1,020	2,295	93,480	315	3,210	
9	Medicare/Medi-Cal Crossover Units		07/01/02 - 09/30/02							
9A			10/01/02 - 06/30/03							
10	Enhanced SD/MC Units		07/01/02 - 09/30/02							
10A			10/01/02 - 06/30/03							
10B	Enhanced SD/MC (Refugees) Units		07/01/02 - 06/30/03							
11	Healthy Families (SED) Units		07/01/02 - 09/30/02							
11A			10/01/02 - 06/30/03							
12	Non-Medi-Cal Units			39,383						
13	Medi-Cal Costs		07/01/02 - 09/30/02	200,134	119,427	2,044	6,010	66,977	873	4,804
13A			10/01/02 - 06/30/03	536,611	363,014	1,580	3,929	160,045	539	7,503
14	Medi-Cal SMA Upper Limits		07/01/02 - 09/30/02	210,901	101,512	2,336	8,003	89,194	1,163	8,693
14A			10/01/02 - 06/30/03	543,030	308,562	1,805	5,233	213,134	718	13,578
15	Medi-Cal Published Charges		07/01/02 - 09/30/02							
15A			10/01/02 - 06/30/03							
16	Medi-Cal Negotiated Rates		07/01/02 - 09/30/02							
16A			10/01/02 - 06/30/03							
17	Medicare/Medi-Cal Crossover Costs		07/01/02 - 09/30/02							
17A			10/01/02 - 06/30/03							
18	Medicare/Medi-Cal Crossover SMA Upper Limits		07/01/02 - 09/30/02							
18A			10/01/02 - 06/30/03							
19	Medicare/Medi-Cal Crossover Published Charges		07/01/02 - 09/30/02							
19A			10/01/02 - 06/30/03							
20	Medicare/Medi-Cal Crossover Negotiated Rates		07/01/02 - 09/30/02							
20A			10/01/02 - 06/30/03							
21	Enhanced SD/MC Costs		07/01/02 - 09/30/02							
21A			10/01/02 - 06/30/03							
22	Enhanced SD/MC SMA Upper Limits		07/01/02 - 09/30/02							
22A			10/01/02 - 06/30/03							
23	Enhanced SD/MC Published Charges		07/01/02 - 09/30/02							
23A			10/01/02 - 06/30/03							
24	Enhanced SD/MC Negotiated Rates		07/01/02 - 09/30/02							
24A			10/01/02 - 06/30/03							
25	Enhanced SD/MC (Refugees) Costs		07/01/02 - 06/30/03							
26	Enhanced SD/MC (Refugees) SMA Upper Limits		07/01/02 - 06/30/03							
27	Enhanced SD/MC (Refugees) Published Charges		07/01/02 - 06/30/03							
28	Enhanced SD/MC (Refugees) Negotiated Rates		07/01/02 - 06/30/03							
29	Healthy Families Costs		07/01/02 - 09/30/02							
29A			10/01/02 - 06/30/03							
30	Healthy Families SMA Upper Limits		07/01/02 - 09/30/02							
30A			10/01/02 - 06/30/03							
31	Healthy Families Published Charges		07/01/02 - 09/30/02							
31A			10/01/02 - 06/30/03							
32	Healthy Families Negotiated Rates		07/01/02 - 09/30/02							
32A			10/01/02 - 06/30/03							
33	Non-Medi-Cal Costs			105,639	105,639	(0)	0			0

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (10/04)

DETAIL COST REPORT

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Fiscal Year 2002-2003

County: ORANGE COUNTY
County Code: 30

MAA MAA MAA MAA MAA MAA

Legal Entity: ORANGE COUNTY		A	B	C	D	E	F	G
Legal Entity Number: 00030		Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 55 - Medi-Cal Administrative Activities								
			01	04	07	11	14	17
1	Allocation Percentage	100.00%	10.15%	2.65%	18.97%	5.49%	25.54%	10.45%
2	Total Units		357,420	175,680	666,000	219,540	910,920	44,772
3	Total Expenditures	2,151,794	218,327	56,936	408,212	118,158	549,478	224,858
4	Cost per Unit		0.61	0.32	0.61	0.54	0.60	5.02
5	Non-Medi-Cal Costs	959,767						

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (10/04)

DETAIL COST REPORT

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Fiscal Year 2002-2003

County: ORANGE COUNTY
County Code: 30

		MAA	MAA	MAA	MAA	MAA		
Legal Entity: ORANGE COUNTY		H	I	J	K	L	M	N
Legal Entity Number: 00030		Service	Service	Service	Service	Service	Service	Service
Mode: 55 - Medi-Cal Administrative Activities		Function	Function	Function	Function	Function	Function	Function
		21	24	27	31	35		
1	Allocation Percentage	9.49%	9.52%	0.73%	5.32%	1.71%		
2	Total Units	291,240	255,000	28,200	239,280	51,000		
3	Total Expenditures	204,199	204,810	15,609	114,440	36,767		
4	Cost per Unit	0.70	0.80	0.55	0.48	0.72		
5	Non-Medi-Cal Costs							

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (10/04)

DETAIL COST REPORT

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Fiscal Year 2002-2003

County: ORANGE COUNTY

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			CR	CR	CR			
Legal Entity: ORANGE COUNTY		A	B	C	D	E	F	G
Legal Entity Number: 00030			Service	Service	Service	Service	Service	Service
Mode: 60 - Support		Mode Total	Function	Function	Function	Function	Function	Function
			30	40	60			
1	Allocation Percentage	100.00%	85.45%	14.52%	0.03%			
2	Total Units		68,630	18,773	11			
3	Gross Cost	3,477,567	2,971,673	504,817	1,077			
4	Cost per Unit		43.30	26.89	97.91			
5	Non-Medi-Cal Units (Same as Line 2)		68,630	18,773	11			
6	Non-Medi-Cal Costs (Same as Line 3)	3,477,567	2,971,673	504,817	1,077			

Fiscal Year 2002-2003

Legal Entity Number: 00030

County Code: 30			REIMBURSEMENT TYPE				PC	Costs				Costs		
Legal Entity: ORANGE COUNTY			A	B	C	D	E	F	G	H	I	J	K	
Legal Entity Number: 00030			Mode 55				Total Inpatient	Mode 05-All Other		Mode 10	Mode 15 Program (1)	Total Outpatient Exclude Program (2)	Mode 15 Program (2)	Total Outpatient (Col. I + Col. J)
			S. F.'s 01-09	S. F.'s 11-19, 31-39	S. F.'s 21-29	MAA	Mode 05-Hospital							
1	Medi-Cal Costs	07/01/02 - 09/30/02							157,351	3,722,882	3,880,233	200,134	4,080,367	
1A		10/01/02 - 06/30/03							305,594	11,641,040	11,946,634	536,611	12,483,245	
2	Medi-Cal SMA	07/01/02 - 09/30/02							250,728	3,791,636	4,042,364	210,901	4,253,265	
2A		10/01/02 - 06/30/03							486,941	11,840,913	12,327,854	543,030	12,870,884	
3	Medi-Cal P. C.	07/01/02 - 09/30/02							250,728	3,791,636	4,042,364		4,042,364	
3A		10/01/02 - 06/30/03							486,941	11,840,913	12,327,854		12,327,854	
4	Medi-Cal N. R.	07/01/02 - 09/30/02												
4A		10/01/02 - 06/30/03												
5	Medi-Cal Gross Reimbursement	07/01/02 - 09/30/02							157,351	3,722,882	3,880,233	200,134	4,080,367	
5A		10/01/02 - 06/30/03							305,594	11,641,040	11,946,634	536,611	12,483,245	
6	Medicare/Medi-Cal Crossover Cost	07/01/02 - 09/30/02							625	192,855	193,479		193,479	
6A		10/01/02 - 06/30/03							989	543,979	544,968		544,968	
7	Medicare/Medi-Cal Crossover SMA	07/01/02 - 09/30/02							995	197,415	198,410		198,410	
7A		10/01/02 - 06/30/03							1,576	555,317	556,893		556,893	
8	Medicare/Medi-Cal Crossover P. C.	07/01/02 - 09/30/02							995	197,415	198,410		198,410	
8A		10/01/02 - 06/30/03							1,576	555,317	556,893		556,893	
9	Medicare/Medi-Cal Crossover N. R.	07/01/02 - 09/30/02												
9A		10/01/02 - 06/30/03												
10	Medicare/Medi-Cal Crossover Gross Reim.	07/01/02 - 09/30/02							625	192,855	193,479		193,479	
10A		10/01/02 - 06/30/03							989	543,979	544,968		544,968	
11	Total SD/MC + Crossover Gross Reim.	07/01/02 - 09/30/02							157,976	3,915,736	4,073,712	200,134	4,273,846	
11A		10/01/02 - 06/30/03							306,583	12,185,018	12,491,601	536,611	13,028,212	
12	Enhanced SD/MC (Children) Cost	07/01/02 - 09/30/02												
12A		10/01/02 - 06/30/03												
13	Enhanced SD/MC (Children) SMA	07/01/02 - 09/30/02												
13A		10/01/02 - 06/30/03												
14	Enhanced SD/MC (Children) P. C.	07/01/02 - 09/30/02												
14A		10/01/02 - 06/30/03												
15	Enhanced SD/MC (Children) N. R.	07/01/02 - 09/30/02												
15A		10/01/02 - 06/30/03												
16	Enhanced SD/MC (Children) Gross Reim.	07/01/02 - 09/30/02												
16A		10/01/02 - 06/30/03												
17	Enhanced SD/MC (Refugees) Cost	07/01/02 - 06/30/03							521		521		521	
18	Enhanced SD/MC (Refugees) SMA	07/01/02 - 06/30/03							829		829		829	
19	Enhanced SD/MC (Refugees) P. C.	07/01/02 - 06/30/03							829		829		829	
20	Enhanced SD/MC (Refugees) N. R.	07/01/02 - 06/30/03												
21	Total Medi-Cal Gross Reimbursement (Excludes Refugees)	07/01/02 - 09/30/02							157,976	3,915,736	4,073,712	200,134	4,273,846	
21A		10/01/02 - 06/30/03							306,583	12,185,018	12,491,601	536,611	13,028,212	
22	Enhanced SD/MC (Refugees) Gross Reim.	07/01/02 - 06/30/03							521		521		521	
23	Healthy Families Cost	07/01/02 - 09/30/02												
23A		10/01/02 - 06/30/03												
24	Healthy Families SMA	07/01/02 - 09/30/02												
24A		10/01/02 - 06/30/03												
25	Healthy Families P. C.	07/01/02 - 09/30/02												
25A		10/01/02 - 06/30/03												
26	Healthy Families N. R.	07/01/02 - 09/30/02												
26A		10/01/02 - 06/30/03												
27	Healthy Families Gross Reim.	07/01/02 - 09/30/02												
27A		10/01/02 - 06/30/03												
Less: Patient and Other Payor Revenues														
28	SD/MC + Crossover Revenues	07/01/02 - 09/30/02							456	9,286	9,742		9,742	
28A		10/01/02 - 06/30/03							53	25,043	25,096		25,096	
29	Enhanced SD/MC (Children) Revenues													
30	Enhanced SD/MC (Refugees) Revenues													
31	Healthy Families Revenues													
32	Total Expenditures from MAA (Mode 55)		683,475	1,043,701	424,618	2,151,794								
33	Medi-Cal Eligibility Factor (Average)			34.64%										
34	Revenue - MAA													
35	Net Due - SD/MC for Direct Services	07/01/02 - 09/30/02	683,475	361,486	147,066	1,192,027			157,520	3,906,450	4,063,970	200,134	4,264,104	
35A		10/01/02 - 06/30/03							306,530	12,159,975	12,466,505	536,611	13,003,116	
36	Net Due - Enhanced SD/MC (Refugees)								521		521		521	
37	Net Due - Healthy Families	07/01/02 - 09/30/02												
37A		10/01/02 - 06/30/03												
Amount Negotiated Rates Exceed Costs														
38	SD/MC (Includes Children)	07/01/02 - 09/30/02												
38A		10/01/02 - 06/30/03												
39	Enhanced SD/MC (Refugees)													
40	Healthy Families	07/01/02 - 09/30/02												
40A		10/01/02 - 06/30/03												

Fiscal Year 2002-2003

[illegible]

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DETERMINATION OF SD/MC + CROSSOVER FFP DOLLARS
MH 1970 (10/04)

DETAIL COST REPORT

DEPARTMENT OF MENTAL HEALTH

Fiscal Year 2002-2003

County: ORANGE COUNTY
County Code: 30
Legal Entity: ORANGE COUNTY
Legal Entity Number: 00030

Mode: 10 - Day Services										A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																									
Data Type										SD/MC + Crossover Units				Breakdown of 2nd Period Units as a Percentage				SD/MC + Crossover Gross Reimbursement Costs Using Costs				Medi-Cal Patient and Other Payor Revenue				Net Direct Costs (Gross Reim. Costs - Revenue)				FFP Dollars																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																									
Source Formula										From MH1901 Schedule B Supplemental				Calculated				From MH1966 MODE10				From MH1901 Schedule B				Calculated				Calculated																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																									
Period														B / (B + C)				C / (B + C)				(D * I)				(E * I)				(D * M)				(E * M)				(F - J)				(G - K)				(H - L)				(O + P)				(51.40% * N)				(50.00% * O)				(54.35% * P)				(S + T)																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
1st Period										2nd Period/ Part I				2nd Period/ Part II				2nd Period/ Part I % of Units in				2nd Period/ Part II % of Units in				1st Period				2nd Period/ Part I				2nd Period/ Part II				Total 2nd Period				1st Period				2nd Period/ Part I				2nd Period/ Part II				Total 2nd Period				1st Period FFP \$ 07/01/02 - 06/30/02				2nd Period/ Part I FFP \$ 10/01/02 - 03/30/03				2nd Period/ Part II FFP \$ 04/01/02 - 06/30/03				Period FFP \$ 04/01/02 - 06/30/03																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
MH1966 Cost Report Column	MH1901 Sch. B Cost Rpt. Line #	Settlement Type	Mode	Service Function	Units 07/01/02 - 06/30/02	Units 10/01/02 - 03/30/03	Units 04/01/03 - 06/30/03	% of Units in 10/01/02 - 03/30/03	% of Units in 04/01/02 - 06/30/03	Costs 07/01/02 - 06/30/02	Costs 10/01/02 - 03/30/03	Costs 04/01/03 - 06/30/03	Costs 10/01/02 - 06/30/03	Revenue 07/01/02 - 06/30/02	Revenue 10/01/02 - 03/30/03	Revenue 04/01/03 - 06/30/03	Revenue 10/01/02 - 06/30/03	Net Costs 07/01/02 - 06/30/02	Net Costs 10/01/02 - 03/30/03	Net Costs 04/01/03 - 06/30/03	Net Costs 10/01/02 - 06/30/03	1st Period FFP %	2nd Period/ Part I FFP %	2nd Period/ Part II FFP %																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																															

DETERMINATION OF SD/MC + CROSSOVER FFP DOLLARS
MH 1970 (10/04)

Fiscal Year 2002-2003

County: ORANGE COUNTY
County Code: 30
Legal Entity: ORANGE COUNTY
Legal Entity Number: 00030

Mode: 15 - Outpatient (Program 1)					A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	
Data Type					SD/MC + Crossover Units			Breakdown of 2nd Period Units as a Percentage		SD/MC + Crossover Gross Reimbursement Costs Using Costs				Medi-Cal Patient and Other Payor Revenue				Net Direct Costs (Gross Reim. Costs - Revenue)				FFP Dollars				
Source Formula					From MH1901, Schedule B Supplemental			Calculated		From MH1966, MODE15 (1)				From MH1901, Schedule B				Calculated				Calculated				
Period								B / (B + C) C / (B + C)		(D * I) (E * I)				(D * M) (E * M)				(F - J) (G - K) (H - L) (O + P)				(51.40% * N) (50.00% * O) (54.35% * P) (S + T)				
					1st Period	2nd Period/ Part I	2nd Period/ Part II	2nd Period/ Part I	2nd Period/ Part II	1st Period	2nd Period/ Part I	2nd Period/ Part II	Total 2nd Period	1st Period	2nd Period/ Part I	2nd Period/ Part II	Total 2nd Period	1st Period	2nd Period/ Part I	2nd Period/ Part II	Total 2nd Period	1st Period FFP \$ 07/01/02 - 09/30/02	2nd Period/ Part I FFP \$ 10/01/02 - 03/30/03	2nd Period/ Part II FFP \$ 04/01/02 - 06/30/03	Total 2nd Period FFP \$ 04/01/02 - 06/30/03	
MH1966 Cost Report Column	MH1901 Sch. B Cost Rpt. Line #	Settlement Type	Mode	Service Function	Units 07/01/02 - 09/30/02	Units 10/01/02 - 03/30/03	Units 04/01/03 - 06/30/03	% of Units in 10/01/02 - 03/30/03	% of Units in 04/01/02 - 06/30/03	Costs 07/01/02 - 09/30/02	Costs 10/01/02 - 03/30/03	Costs 04/01/03 - 06/30/03	Costs 10/01/02 - 06/30/03	Revenue 07/01/02 - 09/30/02	Revenue 10/01/02 - 03/30/03	Revenue 04/01/03 - 06/30/03	Revenue 10/01/02 - 06/30/03	Net Costs 07/01/02 - 09/30/02	Net Costs 10/01/02 - 03/30/03	Net Costs 04/01/03 - 06/30/03	Net Costs 10/01/02 - 06/30/03	1st Period FFP %	2nd Period/ Part I FFP %	2nd Period/ Part II FFP %		
B	3	CR	15	01	620,925	1,656,324	793,821	67.63%	32.37%	1,404,519	2,837,223	1,358,147	4,195,370	33	312	149	461	1,404,486	2,836,912	1,357,998	4,194,909	51.40%	50.00%	54.35%		
C	4	CR	15	10	35,008	57,308	29,507	66.01%	33.99%	69,686	114,075	58,735	172,810		1	0	1	69,696	114,074	58,735	172,809	35.81%	57.03%	31.92%	88,960	
D	5	CR	15	30	325,546	616,764	328,217	65.27%	34.73%	757,253	1,434,648	763,461	2,198,107	118	56	30	86	757,135	1,434,590	763,431	2,198,021	389.167	717.295	414.925	1,132,220	
E	6	CR	15	40	274,992	572,515	315,318	64.48%	35.52%	570,169	1,187,055	653,792	1,840,838	2,469	5,628	3,209	9,035	567,700	1,181,228	650,573	1,831,821	291.739	590.614	353.586	944,201	
F	7	CR	15	50	22,745	43,778	22,331	66.22%	33.78%	38,641	76,297	38,919	115,216		278	535	273	808	38,363	75,762	38,646	114,408	20.232	37.881	21.004	58,885
G	9	CR	15	60	210,813	456,552	256,393	64.04%	35.96%	925,889	2,004,179	1,125,518	3,129,696	6,388	9,383	5,289	14,652	919,481	1,994,796	1,120,248	3,115,044	472.613	997.398	608.855	1,606,253	
H	10	CR	15	70	41,919	92,806	57,545	61.73%	38.27%	148,600	328,988	203,993	532,981					148,600	328,988	203,993	532,981	76.381	164.494	110.870	275,364	
Totals										3,815,736	7,982,483	4,202,555	12,185,018	9,286	16,113	8,930	25,043	3,906,450	7,966,351	4,193,625	12,159,975	2,007,916	3,983,175	2,279,235	6,262,410	
Equivalent values from MH1966										3,815,736			12,185,018	9,286			25,043									

County: ORANGE COUNTY
County Code: 30
Legal Entity: ORANGE COUNTY
Legal Entity Number: 00030

Mode: 15 - Outpatient (Program 2)					A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U
Data Type					SD/IMC + Crossover Units			Breakdown of 2nd Period Units as a Percentage		SD/IMC + Crossover Gross Reimbursement Costs Using Costs				Medi-Cal Patient and Other Payor Revenue				Net Direct Costs (Gross Reim. Costs - Revenue)				FFP Dollars			
Source Formula					From MH1901 Schedule B Supplemental			Calculated		From MH1966 MODE15 (2)				From MH1901 Schedule B				Calculated				Calculated			
Period					1st Period	2nd Period/ Part I	2nd Period/ Part II	2nd Period/ Part I	2nd Period/ Part II	1st Period	2nd Period/ Part I	2nd Period/ Part II	Total 2nd Period	1st Period	2nd Period/ Part I	2nd Period/ Part II	Total 2nd Period	1st Period	2nd Period/ Part I	2nd Period/ Part II	Total 2nd Period	(51.40% * N)	(50.00% * O)	(54.35% * P)	(S * T)
MH1966 Cost Report Column	MH1901 Sch. B Cost Rpt. Line #	Settlement Type	Mode	Service Function	Units 07/01/02 - 09/30/02	Units 10/01/02 - 03/30/03	Units 04/01/03 - 06/30/03	% of Units in 10/01/02 - 03/30/03	% of Units in 04/01/02 - 06/30/03	Costs 07/01/02 - 09/30/02	Costs 10/01/02 - 03/30/03	Costs 04/01/03 - 06/30/03	Costs 10/01/02 - 06/30/03	Revenue 07/01/02 - 09/30/02	Revenue 10/01/02 - 03/30/03	Revenue 04/01/03 - 06/30/03	Revenue 10/01/02 - 06/30/03	Net Costs 07/01/02 - 09/30/02	Net Costs 10/01/02 - 03/30/03	Net Costs 04/01/03 - 06/30/03	Net Costs 10/01/02 - 06/30/03	1st Period FFP %	2nd Period/ Part I FFP %	2nd Period/ Part II FFP %	
B	6	TBS	15	58	44,523	104,362	30,972	77.11%	22.89%	119,427	278,936	83,078	363,014					119,427	278,936	83,078	363,014	51.40%	61.36%	54.35%	
C	25	ASO	15	01	1,329	1,020		100.00%		2,044	1,580		1,580					2,044	1,580		1,580	1.051	790		790
D	26	ASO	15	30	3,510	2,175	120	94.77%	5.23%	6,010	3,724	205	3,929					6,010	3,724	205	3,929	3.089	1,862	112	1,974
E	27	ASO	15	40	39,120	55,320	38,160	59.18%	40.82%	66,977	94,712	65,333	160,045					66,977	94,712	65,333	160,045	34.426	47,396	35,509	82,865
F	28	ASO	15	50	510	315		100.00%		873	539		539					873	539		539	449	270		270
G	29	ASO	15	60	2,055	2,205	1,005	68.68%	31.31%	4,804	5,154	2,349	7,503					4,804	5,154	2,349	7,503	2.469	2,577	1,277	3,854

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

DETAIL COST REPORT

DETERMINATION OF SD/MC FFP %

MH 1978 (10/04)

Fiscal Year 2002-2003

County: ORANGE COUNTY

County Code: 30

Legal Entity: ORANGE COUNTY

Legal Entity Number: 00030		A	B	C	D	E	F
Data Type		Net Direct Costs (Gross Reim. Costs - Revenue)		FFP Dollars		Effective FFP%	
Source		MH1970s		MH1970s		Calculated	
		Column N	Column Q	Column R	Column U		
Formula						(C6 / A6)	(D6 / B6)
Period		1st Period	2nd Period	1st Period	2nd Period	1st Period	2nd Period
		07/01/02 - 09/30/02	10/01/02 - 06/30/03	07/01/02 - 09/30/02	10/01/02 - 06/30/03	07/01/02 - 09/30/02	10/01/02 - 06/30/03
	Mode						
1	05 - Hospital Inpatient (SFC 10-19)						
2	05 - Other 24 Hour Services (All Other SFC)						
3	10 - Day Services	157,520	306,530	80,965	157,294		
4	15 - Outpatient (Program 1)	3,906,450	12,159,975	2,007,916	6,262,410		
5	15 - Outpatient (Program 2)	200,134	536,611	102,869	274,873		
6	Totals	4,264,104	13,003,116	2,191,749	6,694,577		
7	Totals from MH1979	4,264,104	13,003,116	2,191,749	6,694,577		
8	Effective SD/MC FFP %					51.40%	51.48%

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DETAIL COST REPORT

DEPARTMENT OF MENTAL HEALTH

SD/MC PRELIMINARY DESK SETTLEMENT
MH 1979 (10/04)

Fiscal Year 2002-2003

County: ORANGE COUNTY County Code: 30						FFP % Source: MH1978 E8	FFP % Source: MH1978 F8								
Legal Entity: ORANGE COUNTY						A	B	C	D	E	F	G	H	I	J
Legal Entity Number: 00030						Total MAA	Total Inpatient	Total Outpatient	Total	50% FFP	51.40% FFP	51.48% FFP	Variable % FFP	75% FFP	Total FFP
	SD/MC Administrative Reimbursement (County Only)														
1	County SD/MC Direct Service Gross Reimbursement							17,302,579	17,302,579						
2	Contract Provider Medi-Cal Direct Service Gross Reimbursement						7,508,026	37,730,112	45,238,138						
3	Total Medi-Cal Direct Service Gross Reimbursement								62,540,717						
4	Medi-Cal Administrative Reimbursement Limit								9,381,108						
5	Medi-Cal Administration								8,767,424						
6	Medi-Cal Administrative Reimbursement								8,767,424	4,383,712					4,383,712
	Healthy Families Administrative Reimbursement (County Only)														
7	County Healthy Families Direct Service Gross Reimbursement														
8	Healthy Families Administrative Reimbursement Limit														
9	Healthy Families Administration														
10	Healthy Families Administrative Reimbursement														
	SD/MC Net Reimbursement for MAA														
11	Medi-Cal Admin. Activities Svc Functions 01 - 09					683,475			683,475	341,738					341,738
12	Medi-Cal Admin. Activities Svc Functions 11 - 19, 31 - 39					361,486			361,486	180,743					180,743
13	Medi-Cal Admin. Activities Svc Functions 21 - 29 (County Only)					147,066			147,066					110,300	110,300
14	Utilization Review-Skilled Prof. Med. Personnel (County Only)														
15	Other SD/MC Utilization Review (County Only)														
16	SD/MC Net Reimbursement for Direct Services					07/01/02 - 09/30/02		4,264,104	4,264,104		2,191,749				2,191,749
16A						10/01/02 - 06/30/03		13,003,116	13,003,116		6,694,577		6,694,577		
17	Enhanced SD/MC Net Reimb. (Children)					07/01/02 - 09/30/02									
17A						10/01/02 - 06/30/03									
18	Enhanced SD/MC Net Reimb. (Refugees)							521	521				521		521
19	Total SD/MC Reimbursement Before Excess FFP														13,903,340
20	Amount Negotiated Rates Exceed Costs - SD/MC & Enh. SD/MC														
21	Total SD/MC Reimbursement (FFP)														13,903,340
22	Contract Limitation Adjustment														
23	Adjusted Total SD/MC Reimbursement (FFP)														13,903,340
24	Healthy Families Net Reimbursement					07/01/02 - 09/30/02									
24A						10/01/02 - 06/30/03									
25	Total Healthy Families Reimbursement Before Excess FFP														
26	Amount Negotiated Rates Exceed Costs - Healthy Families														
27	Total Healthy Families Reimbursement														